FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770809 (2)

1. Corporation Name

ALLEGANY COMMUNITY OUT REACH GRANT FUND, INC.

Principal Place of Business
6200 COURNTEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

Mailing Address
6200 COURNTEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL 33607

3. Date Incorporated or Qualified: 10/14/1983

3a. Date of Last Report: 06/19/1995

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: 59-2410976 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SULLIVAN, SR. MARIE C
6200 COURTNEY CAMPBELL CAUSEWAY
SUITE 100
TAMPA FL N3607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing) DATE:

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SULLIVAN, SR. MARIE C	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	T	☐ DELETE
NAME	DOOLEY, MICHAEL	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	☐ DELETE
NAME	MCCONNELL, JANE	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	☐ DELETE
NAME	HEBERT, SUZANNE	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	☒ DELETE
NAME	OWENS, MALINDA	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, #100	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	TRAU, DR. JANE MARY	
5.3 STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY STE 100	
5.4 CITY-ST-ZIP	TAMPA, FL 33607	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

400001771324
-04/05/96--01089--015
***306.25

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Dooley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL DOOLEY 3/15/96 Date

813-281-9098 Daytime Phone #